VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 27, 2018

Ms. Jessica Jennings, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the investigation conducted on **December 4, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 475014 | A. BUILDING _____ B. WING _____ | C 12/04/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BURLINGTON HEALTH & REHAB | 300 PEARL STREET BURLINGTON, VT 05401 |

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| F 000 | INITIAL COMMENTS<br><br>The Division of Licensing and Protection conducted unannounced onsite investigations of 2 facility self reports and 4 complaints on 12/3/18 - 12/4/18. The following regulatory violations were cited as a result. | F 000 | The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law. | |
| F 660 SS=D | Discharge Planning Process<br>CFR(s): 483.21(c)(1)(i)-(ix)<br><br>§483.21(c)(1) Discharge Planning Process<br>The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-<br>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.<br>(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.<br>(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.<br>(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.<br>(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and | F 660 | F-660<br><br>The plan of care was reviewed and revised for resident #2 regarding discharge planning.<br><br>Residents who plan to discharge back to the community could be affected by the alleged deficient practice.<br><br>An audit was developed to ensure care plans are developed and implemented for discharge Planning.<br>POC sent 12-26-18 MB/BI | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 12/18/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 660 | Continued From page 1<br>resident representative of the final plan.<br>(vi) Address the resident's goals of care and treatment preferences.<br>(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.<br>(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.<br>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.<br>(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.<br>(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.<br>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident | F 660 | Education was provided to nursing staff related to the development and implementation of a discharge care plan.<br>CNE or designee will conduct weekly audits x4 to ensure Compliance, and then monthly x3 with results to be reviewed at QAPI meeting for further review and recommendations.<br>Date of compliance: January 4, 2019 | |

POC accept 12.26.18 MB/SP

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| F 660 | Continued From page 2<br>information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview the facility failed to develop and implement an effective discharge planning process that focuses on the resident's discharge goals for 1 of 8 sampled residents, (Resident #2). The findings include the following:<br><br>Per record review Resident #2 was admitted to the facility on 10/12/18 after suffering a brain hemorrhage. A care plan meeting took place on 10/26/18 with resident and family present. Meeting notes identify that the resident plans to return home at his/her prior level of functioning.<br><br>Per review of the resident centered care plan on 12/4/18, there is no evidence that a discharge plan has been developed that would assist Resident #2 in meeting the goal to return home.<br><br>The Licensed Nursing Home Administrator, who is currently managing Discharge Planning, confirms on 12/5/18 at approximately 1 PM, that a discharge plan has not been developed. | F 660 | | |
| F 687<br>SS=D | Foot Care<br>CFR(s): 483.25(b)(2)(i)(ii)<br><br>§483.25(b)(2) Foot care.<br>To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:<br>(i) Provide foot care and treatment, in accordance with professional standards of practice, including | F 687 | F687<br><br>For resident #5 plan of care related to foot care has been reviewed and revised. Toe Nails have re-assessed by nursing and an appointment at the foot clinic has been scheduled for December. Meanwhile the physician and or mid- level provider will be utilized if further nail care is required prior to foot clinic appointment and ongoing as needed.<br><br>Other residents that have special foot care needs could be affected by the alleged deficient practice. | |

POC cmpt 12.26.18 MB

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| F 687 | Continued From page 3<br>to prevent complications from the resident's medical condition(s) and<br>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and confirmed by staff interview the facility failed to ensure that 1 applicable sampled resident (Resident #5) received proper treatment to maintain good foot health to prevent complications from the resident's health conditions. The findings include the following:<br><br>Per review of medical record for Resident #5, Identifies diagnosis to include, but not limited to, Type 2 Diabetes, major Depressive Disorder, Emphysema, Gait and Mobility Abnormalities and Hammer Toes of the Right Foot. Physician orders dated 11/22/17, direct staff to conduct Diabetic Foot Care/Check daily observation of feet, toes ankles, soles noting any alteration in skin integrity, color, temperature and cleanliness. Inspect shoes for proper fit and excessive wear, check pedal pulses every night shift.<br>Physician orders also identify, evaluation/treatment for symptomatic mycotic nail debridement and at-risk foot care by a named physician (who no longer is available).<br>Podiatry consult for mycotic nail debridement and treatment dated 5/11/16 as needed.<br><br>Per review of the Treatment Administration Records (TAR) for the past three months, evidence that the nightly reviews have been conducted.<br>Nurses progress notes reviewed back to October | F 687 | An audit to identify those with potential foot care needs has been completed.<br><br>Nursing staff will be educated on the policy and procedure for foot care.<br><br>Audits to ensure foot care is provided will be completed by CNE and or designee weekly x 4 and monthly x3 and results to be reviewed by QAPI team for further recommendations<br><br>Date of compliance: January 4, 2019 | |



Document 12-26-18 MB/BL

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| F 687 | Continued From page 4 | F 687 | | |

2018 document the following:
-10/23/18: right foot nails thick/long and sore to touch, middle toe is twisted and into the back of toe. Left foot great toe thick/long and sore to touch, able to trim other four toes;
-10/26/18: Diabetic Foot Care daily observation completed;
-11/9/18: Diabetic Foot Care daily observation completed;
-11/14/18: Care Plan meeting minutes: Identify that family had concerns related to toenails need clipping, podiatry appointment scheduled and was evaluated by attending physician, who sent notes to podiatry;
-11/21/18: Licensed Practical Nurse (LPN) spoke with the attending physician relating family concern for the need for more immediate care for toe nails and feet assessment then the December podiatry appointment. MD suggested family contact podiatry;
-11/21/18: Family notified of Nurse Practitioner (NP) clipping of Resident #5's toe nails that will take place on 11/27/18 and family plan to keep December podiatry appointment;
-11/27/18: Family update regarding toe clipping. NP clipped nails except right fourth toe, identified possibility of a diabetic ulcer. Family requests a plan for regularly scheduled podiatry visits;

Per review of physician progress note dated 11/13/18 identified toe pain. Assessment questions diabetic ulcer, needs referral to foot clinic, needs debridement, and ulcer. Per review of NP progress note dated 11/27/18 at 9:45 AM, identifies toe nails trimmed successfully. Right 4th toe avoided, secondary to underlying possibility of ulcer on the tip of that toe connected adjacently to her thickened nail. Assessment identified severe Onychomycosis and diabetic

Rec amt 1226.18 MB/SK

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| F 687 SS=E | Continued From page 5<br>history. Needs regular foot care.<br><br>Per review of Resident #5's care plan that was last updated on 8/10/18, identifies the need for assistance for bathing, grooming and personal hygiene, who is a diabetic and requires a daily foot check. There is no evidence of a focus on the management of Onychomycosis, the possibility of a Diabetic ulcer and/or the need for regular foot care.<br><br>Confirmation was made by the Unit Manager and the unit nurse on 12/3/18, that the unit secretary attempted to make an earlier podiatry appointment but was unsuccessful. There are few Podiatrists in the area and they are scheduling beyond the December appointment. The UM had little knowledge regarding the foot problems of Resident #5 and required the assistance of the nurse who was included in the interview. Neither nurse identified that a referral had been scheduled to a foot clinic as suggested by the attending progress note dated 11/13/18.<br><br>Per review of the Foot Care policy dated 3/1/18 identifies that the facility will provide foot care and treatment in accordance with professional standards of practice to prevent complications from the resident's medical condition(s).<br>Per review of the facility policy titled Toe Nail Trimming, dated 3/1/18 identifies that toe nail trimming for those residents with diabetes, neurological disorder, renal failure or peripheral vascular disease may only be conducted by a physician, mid-level provider, or a podiatrist. | F 687 | | |
| F 745 SS=E | Provision of Medically Related Social Service<br>CFR(s): 483.40(d) | F 745 | | |

Roc amnt 12-26-18 mb

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| F 745 | Continued From page 6<br>§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and confirmed by staff interview the facility has failed to provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of 4 of 8 residents sampled, (Resident #2, #3, #4, and #5). The findings include the following:<br><br>Per review of the medical records for Residents #2, #3, #4, and #5 have various medical and psycho-social needs identified on their resident-centered care plans. Interventions also vary depending on the focus identified, some examples are to support residents and families, honor resident wishes, monitor for changes in behavioral patterns, assisting with coping mechanisms related to cultural differences, advanced directive management and assisting in the transition after hospitalization. Social Service notes were reviewed for the past quarter and do not support evidence that the social worker(s) delivered the interventions as identified in the care plans.<br><br>Confirmation was made by the Nursing Home Administrator on 12/3 and 12/4/18 that there is no documented evidence that Social Services has provided medically-related social services as identified on each resident centered care plan. | F-745 | For residents #2, 4, 5 the psychosocial care plan has been reviewed by the interim social worker and the residents identified received a visit to review their status and notes were updated. Resident #3 did not return to the center.<br><br>Other residents with psychosocial concerns are at risk to be affected by the alleged deficient practice.<br><br>An audit was conducted to identify others that may need a social worker to evaluate and follow up.<br><br>Audits will be conducted weekly x4 and monthly x 3 to ensure occurrence and compliance of medical social work.<br><br>Date of compliance: January 4, 2019 | |
| F 850<br>SS=C | Qualifications of Social Worker >120 Beds<br>CFR(s): 483.70(p)(1)(2) | F 850 | | |

Acceptable 12.26.18 mb/sl

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| F 850 | Continued From page 7<br>§483.70(p) Social worker.<br>Any facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is:<br><br>§483.70(p)(1) An individual with a minimum of a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and<br><br>§483.70(p)(2) One year of supervised social work experience in a health care setting working directly with individuals.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and confirmed by resident and staff interviews the facility has failed to have a qualified Social Worker on a full-time basis since 11/15/18. The findings include the following:<br><br>Per intake information provided through 3 anonymous complaints, identified that social services have not been provided to residents since the abrupt resignation of the Social Service Director on 11/15/18.<br><br>Confirmation was made by the Nursing Home Administrator on 12/3 and on 12/4/18 that the Director of Social Service contacted the facility on 11/15/18 via text message after being out for three (3) days, communicating that s/he would not be returning. The Administrator is in the process of replacing the Social Service Director and adding a Registered Nurse Discharge Planner. There is an assistant social work currently in the department, but does not meet | F 850 | F-850<br><br>On 12/5/18 the center confirmed a qualified social worker from a sister facility will provide approximately 24 hours per week social service coverage until a permanent qualified social worker can be secured.<br><br>Recruitment efforts are ongoing until a qualified social worker is secured for the center.<br><br>Continued coverage will be monitored by the CED<br><br>Date of compliance January 4, 2018 | |

Roc complete 12-26-18 MB

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| F 850 | Continued From page 8<br>the qualifications of Social Worker. The facility has obtained assistance of a qualified Social Service Worker, from a sister facility, but not on a full time basis. Per phone conversation on 12/5/18, the LNHA confirms that the plan is that the Social Worker will be at the facility approximately twenty-four (24) hours a week. | F 850 | | |
| F 921 SS=D | Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)<br><br>§483.90(i) Other Environmental Conditions<br>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to provide a sanitary environment for 1 applicable resident (Resident # 1). Findings include:<br><br>Per observation on 12/4/18 at 11:03 AM, there is brown colored matter on the toilet seat, inside the toilet, and on the raised toilet seat (with handles), in Resident # 1's bathroom. Both staff and Resident # 1 confirm that the Resident has not used the bathroom since admission on 11/2/18. Licensed Nurses Aide (LNA) staff stated that they empty the Resident's bedpan into the toilet. The LNAs also stated that they had not emptied the bedpan today and that the bathroom is cleaned weekly. This was confirmed by the unit nurse at the time of the observation. | F 921 | F-921<br><br>For resident #1 the bathroom was cleaned by housekeeping.<br><br>All residents have the potential to be affected by<br><br>Alleged deficient practice.<br><br>Education of cleaning schedules were reviewed with<br><br>Housekeeping staff.<br><br>Audits will be completed by the CED and or designee weekly x 4 and monthly x 3 to ensure compliance of cleaning bathrooms on a regular basis.<br><br>Date of compliance: January 4, 2019 | |

doc in f 12.26.18 mrs [illegible]

Burlington Health & Rehab Center

2567 Re Survey Addendum

F725

1. A quote has been obtained and work is being scheduled to supplement the call bell system to have lights outside resident rooms so all appropriate staff can be aware and answer resident requests for assistance. Anticipated date of completion by vendor is anticipated to be 8 weeks.

2. A communication board will be added to each patient unit to be used to identify events of the day, staff working and other information patients and staff deem appropriate for communication. The boards will not contain resident specific information per HIPPA regulations.

3. Staff will receive education regarding communication to elicited patient choices/preferences regarding care.

4. Staffing schedules have been reviewed and primary assignments have been identified based on census and acuity to assure staffing coverage on all units.

F850 The center will provide 40 hours of a qualified social services utilizing a qualified social worker from sister centers.

Recruitment efforts are ongoing until a qualified social worker is secured for the center.

Continued coverage will be monitored by the Center Executive Director.

POC acmt 12.26.18
MB SL

Genesis

Date: December 18, 2018

To: Ms. Pamela Cota, RN

Re: Burlington Health & Rehab Center
Plan of Correction,
Credible Allegation of Compliance, and
Request for Re-survey

Dear Ms. Cota:

On December 4, 2018 surveyors from Division of Licensing and Protection completed an inspection at Burlington Health Care & Rehab Center. As a result of the inspection, the surveyors alleged that the Facility was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the Statement of Deficiencies (HCFA-2567) with the Facility's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Facility of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies.

Please also consider this letter and the Plan of Correction to be the Facility's credible allegation of compliance. The facility will achieve [or has achieved] substantial compliance with the applicable certification requirements on or before January 4, 2019. Please notify me immediately if you do not find the Plan of Correction acceptable.

This letter is also our request for a re-survey, if one is necessary, to verify that the Facility achieved substantial compliance with the applicable requirements as of the dates set forth in the Plan of Correction and credible allegation of compliance.

Thank you for your assistance with this matter. Please call me if you have any questions.

Yours truly,

Jessica Jennings, RN

Administrator

Genesis HealthCare • Burlington Health and Rehabilitation Center • 300 Pearl Street • Burlington, VT 05401 • genesishcc.com
802-658-4200 Tel • 802-863-8016 Fax